

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	✓		2-10-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	✓	S35	08-30-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3/26/01
2			3/1/01
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30	N	N	
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33			
34			
35			
36	N	N	
37	✓	✓	
38		✓	
39		✓	
40		✓	
41		✓	
42			
43			
44			
45		✓	
46		✓	
47		✓	
48		✓	
49		✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	3/26/01
52	✓	✓	
53	✓	✓	
54	✓	✓	
55	✓	✓	
56			
57			
58	✓	✓	
59	N	✓	
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67	N		
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73			
74			
75	✓	✓	
76	N	N	
77	✓	✓	
78			
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81		✓	
82		✓	
83		✓	
84	✓	✗	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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